

**DECLARATION FOR UTILITY PATENT APPLICATION**

AS BELOW-NAMED INVENTOR(S), I/WE HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**METHOD FOR TREATING PAIN WITH LOXAPINE AND AMOXAPINE**

The specification of which

(check one)

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as United States Application No. or PCT International

Application Number \_\_\_\_\_

and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

| Application Number | Country | Day/Month/Year Filed | Priority Not Claimed     |
|--------------------|---------|----------------------|--------------------------|
|                    |         |                      | <input type="checkbox"/> |
|                    |         |                      | <input type="checkbox"/> |
|                    |         |                      | <input type="checkbox"/> |

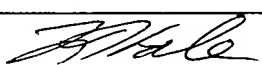
I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

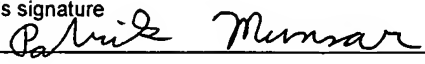
| Application Serial Number | Filing Date |
|---------------------------|-------------|
| 60/429,405                | 11/26/2002  |
|                           |             |
|                           |             |

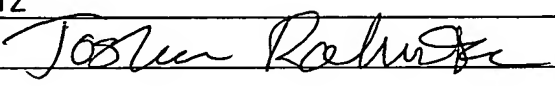
I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, CFR Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

| Application Serial Number | Filing Date | Status |
|---------------------------|-------------|--------|
|                           |             |        |
|                           |             |        |
|                           |             |        |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statement and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|   |                  |
|---|------------------|
| Full name of sole or first inventor<br>Ron L. HALE  |                  |
| Sole or first inventor's signature<br> | Date<br>11-20-03 |
| Residence<br>Woodside, CA   |                  |
| Citizenship<br>United States  |                  |
| Post Office Address<br>17085 Skyline Boulevard  |                  |
| Woodside, CA 94062  |                  |

|  |                    |
|--|--------------------|
| Full name of second inventor, if any<br>Patrik MUNZAR  |                    |
| Second inventor's signature<br> | Date<br>11/20/2003 |
| Residence<br>Belmont, CA   |                    |
| Citizenship<br>Czech Republic  |                    |
| Post Office Address<br>2417 Hastings Drive   |                    |
| Belmont, CA 94002  |                    |

|  |                  |
|--|------------------|
| Full name of third inventor, if any<br>Joshua D. RABINOWITZ  |                  |
| Third inventor's signature<br> | Date<br>11-20-03 |
| Residence<br>Mountain View, CA   |                  |
| Citizenship<br>United States   |                  |
| Post Office Address<br>750 N. Shoreline Boulevard #98  |                  |
| Mountain View, California 94043  |                  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY and  
CORRESPONDENCE  
ADDRESS INDICATION FORM**

|                        |                   |
|------------------------|-------------------|
| Application Number     | Not Yet Assigned  |
| Filing Dat             | November 20, 2003 |
| First Named Inventor   | Ron L. HALE       |
| Art Unit               | Not Yet Known     |
| Examiner Name          | Not Yet Known     |
| Attorney Docket Number | 00063.01R         |

I hereby appoint:

☒ Practitioners at Customer Number

37485

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

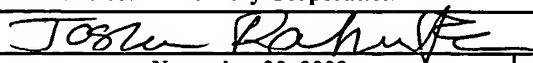
☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
**SIGNATURE of Applicant or Assignee of Record**

Name

Alexza Molecular Delivery Corporation

Signature



Date

November 20, 2003

Telephone

(650) 687-3900


NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                                       |
|---|---------------------------------------|
| <b>STATEMENT CLAIMING SMALL ENTITY STATUS</b><br><b>(37 CFR 1.9(f) &amp; 1.27(c))--SMALL BUSINESS CONCERN</b>   | Docket Number (Optional)<br>00063.01R |
| <p>Applicant, Patentee, or Identifier: <u>HALE, Ron L. et. al</u></p> <p>Application or Patent No.: <u>Not Yet Assigned</u></p> <p>Filed or Issued: <u>November 20, 2003</u></p> <p>Title: <u>METHOD FOR TREATING PAIN WITH LOXAPINE AND AMOXAPINE</u></p> <p>I hereby state that I am<br/><input checked="" type="checkbox"/> the owner of the small business concern identified below:<br/><input type="checkbox"/> an official of the small business concern empowered to act on behalf of the concern identified below:</p> <p>NAME OF SMALL BUSINESS CONCERN <u>Alexxa Molecular Delivery Corporation</u></p> <p>ADDRESS OF SMALL BUSINESS CONCERN <u>1001 E. Meadow Circle, Palo Alto, California 94303</u></p> <p>I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.</p> <p>I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:</p> <p><input type="checkbox"/> the specification filed herewith with title as listed above.<br/><input checked="" type="checkbox"/> the application identified above.<br/><input type="checkbox"/> the patent identified above.</p> <p>If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).</p> <p>Each person, concern, or organization having any rights in the invention is listed below:<br/><input checked="" type="checkbox"/> no such person, concern, or organization exists.<br/><input type="checkbox"/> each such person, concern, or organization is listed below.</p> <p>Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)</p> <p>I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance</p> <p>NAME OF PERSON SIGNING <u>Joshua D. RABINOWITZ</u></p> <p>TITLE OF PERSON IF OTHER THAN OWNER <u>V.P. Research</u></p> <p>ADDRESS OF PERSON SIGNING <u>1001 E. Meadow Circle, Palo Alto, California 94303</u></p> <p>SIGNATURE <u></u> DATE <u>November 20, 2003</u></p> |                                       |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.